

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
OCT 30 2017
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0458
Date: 11-15-17
Amount Paid: \$1,500.00
Refund:

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Cablestar LLC Mailing Address: 2217 Lake of the Minnapeolis, WI 55405 Telephone: 612-377-2605

Address of Property: 43490 US HWY 63 City/State/Zip: Cable, WI 54821 Cell Phone: 650-906-2909

Contractor: Northstar Builders of Menasha, Inc. Contractor Phone: 406.451.1468 Plumber: Andy Rasmussen & Sons Plumber Phone: 715-798-3355

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: --- Agent Mailing Address (include City/State/Zip): --- Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: NE 1/4, SW 1/4 Gov't Lot: --- Lot(s): --- CSM: 10007 Vol & Page: 37648 Lot(s) No.: 1-5 Block(s) No.: C Subdivision: --- Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R 570563

Section 18, Township 43 N, Range 07 W Town of: Cable Lot Size: 5607354 Acreage: 1.29

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? --- If yes---continue --- Distance Structure is from Shoreline: --- feet ☐ Yes ☐ No

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage --- If yes---continue --- Distance Structure is from Shoreline: --- feet ☐ Yes ☐ No

☐ Is Property in Floodplain Zone? ☐ Yes ☐ No

☐ Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$609,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>---</u> <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 60' Width: 32' Height: 28'

Proposed Construction: Length: --- Width: --- Height: ---

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property) <u>Residence (i.e. cabin, hunting shack, etc.)</u>	<u>BARR/TAVERN</u>	<u>(60 x 32)</u>	<u>1,920</u>
<input type="checkbox"/> Residential Use	<u>with Loft</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Rec'd for Issuance	<u>with a Porch</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> NOV 13 2017	<u>with (2nd) Porch</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> with a Deck	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input checked="" type="checkbox"/> Commercial Use	<u>with (2nd) Deck</u>	<u>() x ()</u>	<u>()</u>
<u>Secretarial Staff</u>	<u>with Attached Garage</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> NOV 15 2017	<u>Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Mobile Home (manufactured date) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Addition/Alteration (specify) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Accessory Building (specify) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Special Use: (explain) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Conditional Use: (explain) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Other: (explain) <u>---</u>	<u>() x ()</u>	<u>() x ()</u>	<u>()</u>

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John A. Hagen Date 10-20-17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: --- (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit --- Attach --- Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: (*) **Well (W)**; (*) **Septic Tank (ST)**; (*) **Drain Field (DF)**; (*) **Holding Tank (HT)** and/or (*) **Privy (P)**
(6) Show any (*): (*) **Lake**; (*) **River**; (*) **Stream/Creek**; or (*) **Pond**
(7) Show any (*): (*) **Wetlands**; or (*) **Slopes over 20%**

*** SEE ATTACHED DRAWINGS**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1388 Feet	Setback from the Lake (ordinary high-water mark)	1 Feet
Setback from the Established Right-of-Way	1388 Feet	Setback from the River, Stream, Creek	1 Feet
Setback from the North Lot Line	86 Feet	Setback from the Bank or Bluff	1 Feet
Setback from the South Lot Line	224 Feet	Setback from Wetland	1 Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	10 Feet	Elevation of Floodplain	1 Feet
Setback to Septic Tank or Holding Tank	1 Feet	Setback to Well	5 Feet
Setback to Drain Field	1 Feet		
Setback to Privy (Portable, Composting)	1 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>Cable Sanitary District</u>		# of Bedrooms: <u>0</u>		Sanitary Date:							
Permit Denied (Date):		Reason for Denial:											
Permit #: <u>170458</u>		Permit Date: <u>11-15-17</u>											
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No		Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)		<input checked="" type="checkbox"/> No		Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:			
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Inspection Record: <u>NOT STAKED W/17 yes 11/9/17</u>													
Date of Inspection: <u>11/2/17</u>		Inspected by: <u>AMiller</u>										Date of Re-Inspection: <u>11/9/17</u>	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)													
<u>Maintain Setbacks. Get Commercial Building Inspections & permits as required</u>													
Signature of Inspector: <u>AMiller</u>												Date of Approval: <u>11/19/17</u>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>						<input type="checkbox"/>	

City, Village, State or Federal
May Also Be Required

LAND USE – X
SANITARY – City
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0458** Issued To: **63M LLC / John Higgins, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **18** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **1** Block Subdivision CSM# **2016**

For: **Commercial Principal Structure: [1- Story; Corner Bar & Restaurant (60' x 32') = 1,920 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain setbacks. Get Commercial building inspection and permits as required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 15, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 30 2017
Bayfield Co. Zoning Dept

ENTERED

Permit #:	17-0444
Date:	11-16-17
Amount Paid:	185 10-31-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Yuriy Gusev		Mailing Address:		PO Box 930442		City/State/Zip:		Vernona, WI 53593		Telephone:			
Address of Property:		45965 E Cable Lake Rd		City/State/Zip:		Cable, WI						Cell Phone:		608585-8864	
Contractor:		Yuriy Gusev		Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (person signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		34696		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #:		R-			
1/4, 1/4		Gov't Lot		Lot(s)		2		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section 06, Township 43 N, Range 07 W		Town of:		Cable				Lot Size		22,900		Acreage		8.160	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet											

Value at Time of Completion * include donated time & material	\$26,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)			
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	26	16	16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(16 x 16)	256	
<input checked="" type="checkbox"/> Residential Use	with Loft	(16 x 10)	160	
	with a Porch	()		
	with (2 nd) Deck	()		
	with a Deck	(16 x 10)	160	
	with (2 nd) Deck	()		
<input type="checkbox"/> Commercial Use	with Attached Garage	()		
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()		
	Mobile Home (manufactured date)	()		
	Addition/Alteration (specify)	()		
	Accessory Building (specify)	()		
	Accessory Building Addition/Alteration (specify)	()		
<input type="checkbox"/> Municipal Use	Special Use: (explain)	()		
	Conditional Use: (explain)	()		
	Other: (explain)	()		

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 10.25.17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

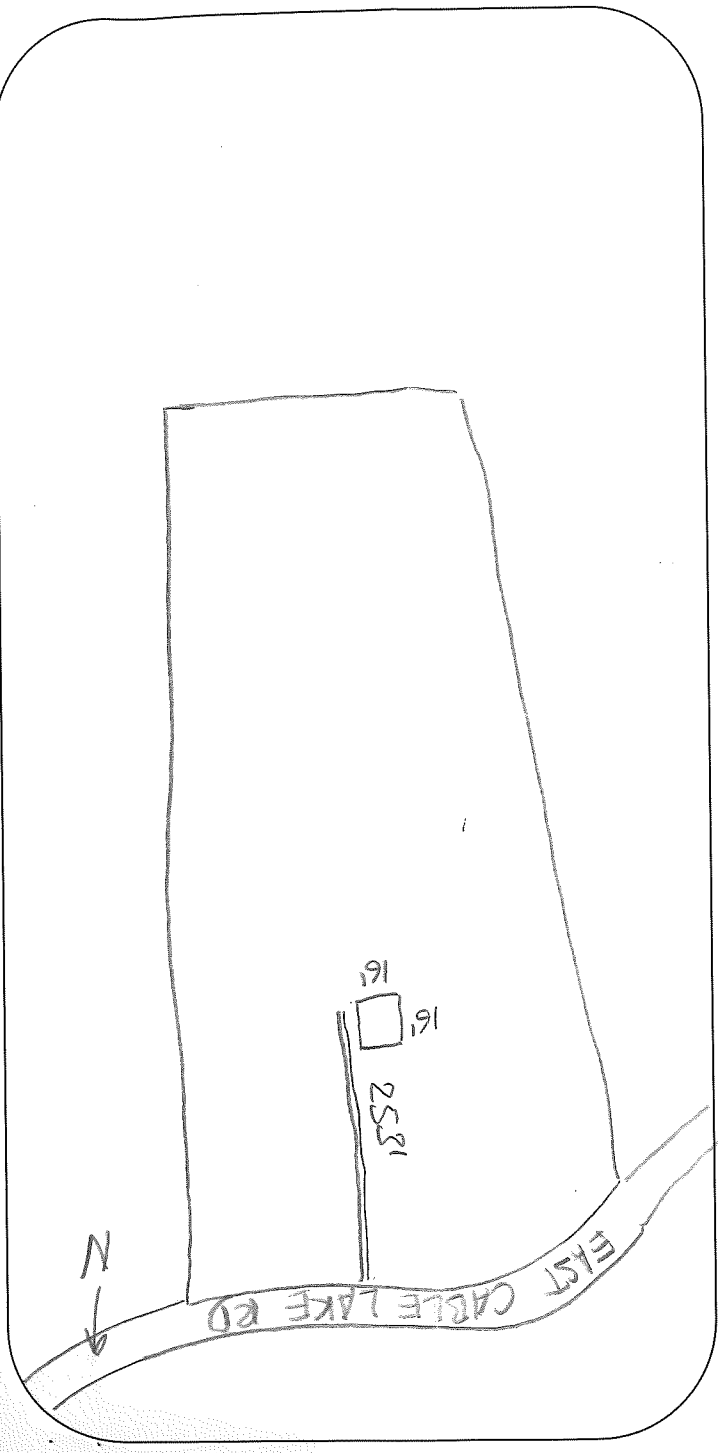
Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

ATF? PRESSURE TREATED LUMBER AWARDED?

- Sketch your Property** (regardless of what you are applying for)
- Proposed Construction**
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%
- (1) Show Location of (*):
- (2) Show / Indicate:
- (3) Show Location of (*):
- (4) Show:
- (5) Show:
- (6) Show any (*):
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	253 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	253 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	175 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	160 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 170464	Permit Date: 11-16-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: OK - Foundation formed to pour - Blind Driveway		Zoning District (B-1)		Lakes Classification (-)		
Date of Inspection: 11/21/17	Inspected by: [Signature]	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.						
Signature of Inspector: [Signature]		Date of Approval: 11/15/17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

illage, State or Federal
Also Be Required

USE - X

TARY - Composting Toilet

N -

SPECIAL -

CONDITIONAL -

BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0464** Issued To: **Yuriy Gusev & Irina Komarova**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **6** Township **43** N. Range **7** W. Town of **Cable**

Gov't Lot Lot **2** Block Subdivision CSM# **1562**

For: **Residential Use:** [**1.5 - Story; Residence (16' x 16') = 256 sq. ft.; Loft (10' x 16') = 160 sq. ft.; Deck (10' x 16') = 160 sq. ft.] Total Overall = 416 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. No pressurized water allowed in structure.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 16, 2017

Date